



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Surplus Lines Division
500 James Robertson Parkway, 4th Floor
Nashville, TN 37243-1132
(615) 741-1756

SURPLUS LINES STATEMENT OF PREMIUMS AND TAX PAYMENT

Payment enclosed is for the gross taxable premiums including all membership fees, assessments, dues or any other consideration for surplus lines insurance, as provided in the policy or contract received by the _____ Surplus Lines Agent/Agency, paid by or for policyholders residing in this State or on property or risks located in this State, for the tax period of;

From the _____ day of _____ thru the _____ day of _____

	<u>PREMIUMS</u>	<u>TAX</u>
2 1/2% State Tax (premiums other than fire)	\$ _____	\$ _____
3 1/4% State Tax (fire or fire portions)	\$ _____	\$ _____
4.4% State Tax (EXCESS risks of Workers Comp.)	\$ _____	\$ _____
TOTAL PREMIUMS	\$ _____	
TOTAL TAX PAYMENT ENCLOSED		\$ _____

STATE OF _____

COUNTY OF _____

I, _____, duly licensed surplus lines agent, or representative of the _____ Agency, make oath that the foregoing Statement of Premiums for Taxation are in accordance with Section 56-14-113, Tennessee Code Annotated, and are true to the best of my knowledge, information and belief.

Agent or Representative _____ Signature _____

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ DAY OF _____

Notary

MY COMMISSION EXPIRES ON THE _____ DAY OF _____

NOTE: Taxes are due by September 1, for the tax period of Jan. 1 thru June 30.
Taxes are due by March 1, for the tax period of July 1 thru December 31.

Amounts shown above under the columns “Premiums” and “Tax” must agree with the sums of all affidavits filed with this Department for the same tax period. **Taxes are paid based on the effective dates of the policies, not when they are received for verification.**

